

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF DELAWARE

JASON MCLEAN and  
BRIAN COLEMAN,

Plaintiffs,

v.

COMMUNICATIONS CONSTRUCTION  
GROUP, LLC.,

Defendant.

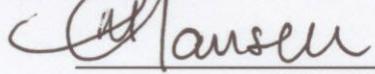
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\* C. A. 06-617 SLR  
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\* JURY TRIAL DEMANDED  
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**MOTION FOR PERMISSION TO APPEAL IN FORMA PAUPERIS**

1. Jason McLean was a Plaintiff in the above captioned action.
2. The Court issued an order granting Defendant's motion for summary judgment on March 7, 2008.
3. Pursuant to Federal Rule of Appellate Procedure, Rule 24, Plaintiff now files a Motion for Permission to Appeal in forma pauperis.
4. The primary issue on appeal is whether there were material facts in dispute such that the Judge's decision to grant Defendant's motion for summary judgment was in error.
5. For the reasons outlined in the attached application, Plaintiff is unable to pay the fees for the appeal to the United States Court of Appeals for the 3rd Circuit.

Wherefore now, the Plaintiff petitions the Court to grant the Motion for Permission to Appeal in Forma Pauperis.

LAW OFFICE OF MAGGIE CLAUSELL, LLC,



Maggie Clausell, Esq.  
Bar ID 4532  
9 E. Loockerman Street #205  
Dover, DE 19901  
*Attorney for Plaintiff*

DATE: April 1, 2008

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ORDER

AND NOW, it is hereby ORDERED that the above Motion for Permission  
to Appeal In Forma Pauperis is granted on this \_\_\_\_\_ day of \_\_\_\_\_  
2008.

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Judge

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>Mickeyla McLean</u>	<u>Daughter</u>	<u>3</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <u>600</u>	\$ <u>N/A</u>
Are real-estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <u>300</u>	\$ <u>0</u>
Home maintenance (repairs and upkeep)	\$ <u>50</u>	\$ <u>0</u>
Food	<u>weekly \$50</u>	\$ <u>0</u>
Clothing	<u>weekly \$10</u>	\$ <u>0</u>
Laundry and dry-cleaning	<u>weekly \$10</u>	\$ <u>0</u>
Medical and dental expenses	<u>weekly \$37</u>	\$ <u>0</u>
Transportation (not including motor vehicle payments)	<u>weekly \$20</u>	\$ <u>0</u>
Recreation, entertainment, newspapers, magazines, etc.	\$ <u>40</u>	\$ <u>0</u>
Insurance (not deducted from wages or included in mortgage payments)	\$ <u>0</u>	\$ <u>0</u>
	\$ <u>0</u>	\$ <u>0</u>
Homeowner's or renter's	\$ <u>0</u>	\$ <u>0</u>
Life	\$ <u>0</u>	\$ <u>0</u>
Health	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	<u>weekly \$100</u>	\$ <u>0</u>
Other:	\$ <u>0</u>	\$ <u>0</u>
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ <u>700</u>	\$ <u>0</u>
Installment payments	\$ <u>0</u>	\$ <u>0</u>
Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
Credit card (name): <u>City Bank</u>	\$ <u>0</u>	\$ <u>0</u>
Department store (name):	\$ <u>0</u>	\$ <u>0</u>
Other:	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	<u>weekly \$100</u>	\$ <u>0</u>
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ <u>20</u>	\$ <u>0</u>
Other (specify):	\$ <u>10</u>	\$ <u>0</u>
Total monthly expenses:	<u>\$ 3188</u>	\$ <u>0</u>

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Cablenet Services	57 Pierhead blvd. Smyrna DE 382	6/06 - present	\$3000

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	N/A

4. How much cash do you and your spouse have? \$ 200

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial institution	Type of account	Amount you have	Amount your spouse has
N/A	N/A	\$ N/A	\$ N/A
		\$ _____	\$ _____
		\$ _____	\$ _____

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor vehicle #1	(Value)
N/A		N/A		N/A	
				Make & year:	
				Model:	
				Registration #:	

Motor vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year:					
Model:					
Registration #:					

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
N/A	N/A	N/A

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 3000	\$ N/A	\$ 3000	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A
Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child support	\$ 100	\$ N/A	\$ 100	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify): _____	\$ 0	\$ N/A	\$ 0	\$ N/A
Total monthly income:	\$ 2600	\$ N/A	\$ 2600	\$ N/A

## Form 4

## FEDERAL RULES OF APPELLATE PROCEDURE

52

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

Yes  No If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form?  Yes  No

If yes, how much? \$ 1000 plus

If yes, state the attorney's name, address, and telephone number:

Maggie Clausell Esq.  
9 East Lockerman Street Suite 205  
Dover DE 19901

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or a typist) any money for services in connection with this case, including the completion of this form?

Yes  No

If yes, how much? \$ 2000

If yes, state the person's name, address, and telephone number:

Ronald G. Poliquin Esq.  
39 The Green Dover DE  
19901 (302) 672 5600

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I'm living paycheck to paycheck ~~and~~ able to pay child support, and paying off a car.

13. State the address of your legal residence.

1266 S. Farmview Dr  
Dover DE 19901

Your daytime phone number: (302) 423-41246

Your age: 24 Your years of schooling: 13

Your social-security number: 22268 

(As amended Apr. 24, 1998, eff. Dec. 1, 1998.)